



New Hampshire Department of Health and Human Services Medicaid Care Management Program

**Step Two Update
May 14, 2015**

New Hampshire's Medicaid Care Management Program

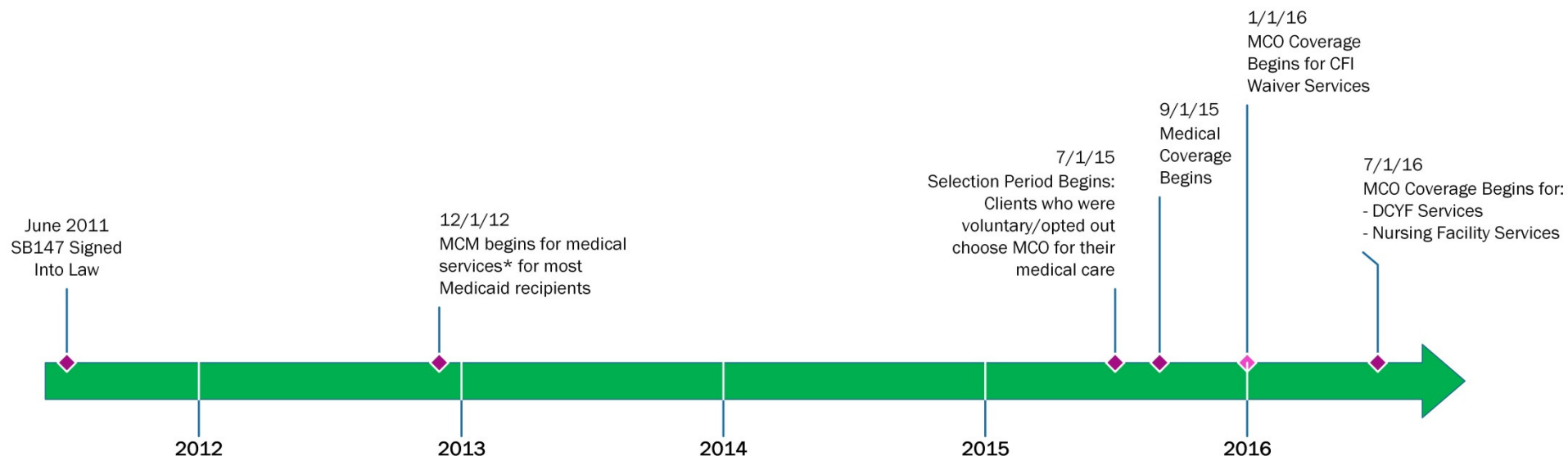
Step 2 of the program will roll out in 4 Phases:

- Medicaid recipients who were not required to enroll with an MCO for their medical services in December 2013 [primarily individuals with both Medicare and Medicaid, referred to as “dual eligibles” and children with Special Health Care Needs] will now be **required** to enroll with a health plan for their medical services [referred to as **mandatory enrollment**]. **Phase 1**
- In addition, long term services and supports will be integrated into the Medicaid Care Management program, including:

All Four of New Hampshire's Home and Community Based Services [HCBS] Waivers and Nursing Facility Services:

- Choices For Independence Waiver [CFI] **Phase 2**
- Nursing Facility Services **Phase 3**
- Developmental Disabilities Waiver [DD] **Phase 4**
- Acquired Brain Disorders Waiver [ABD] **Phase 4**
- In Home Supports Waiver [I.H.S.] **Phase 4**

Medicaid Care Management Program Implementation Timeline

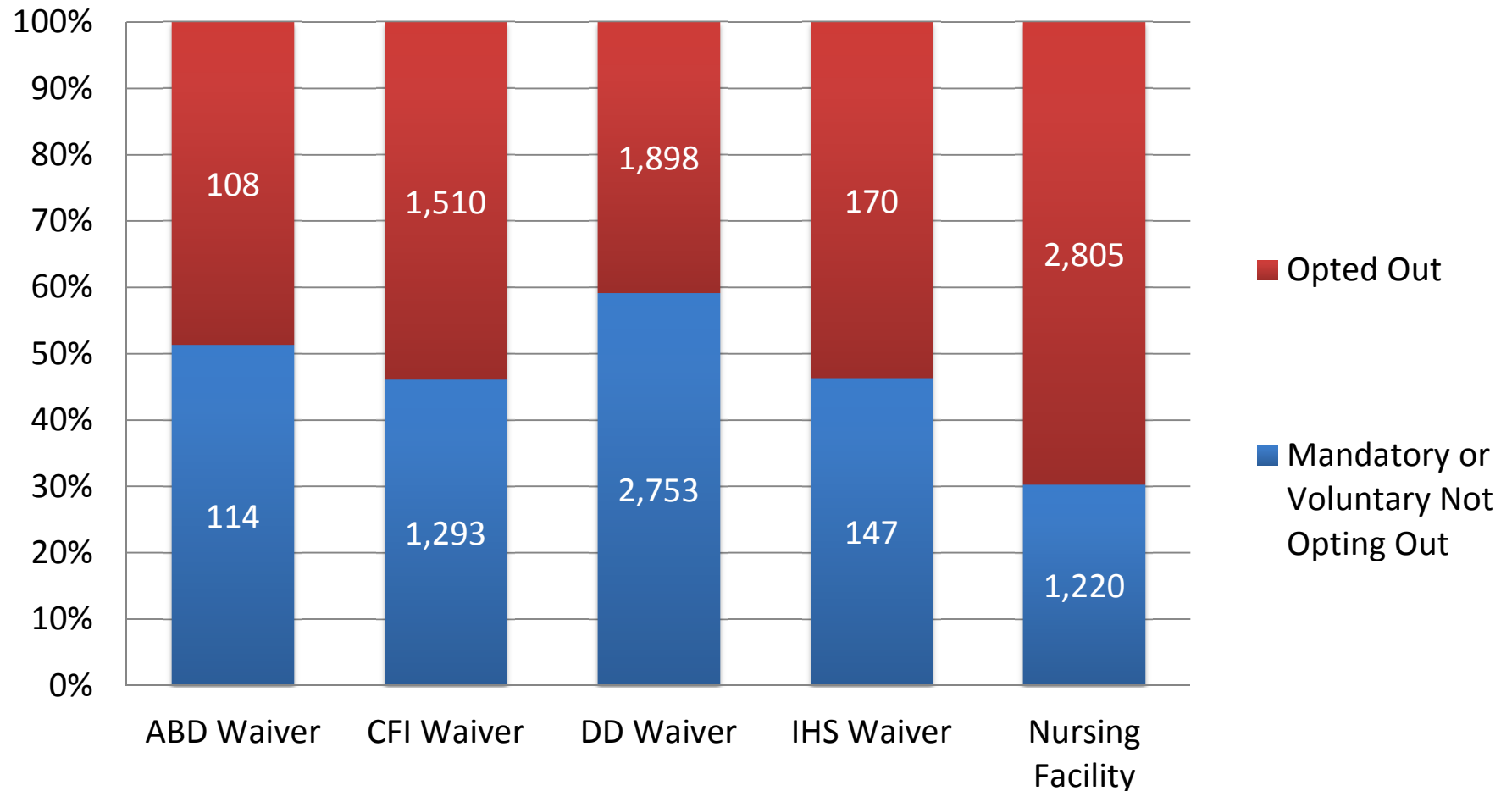


*Medical Services:
includes doctor visits,
pharmacy services,
hospital care, etc

Dates To Be Determined:
MCO Coverage for remaining waiver services:

- Development Disabilities
- Acquired Brain Disorder
- In Home Supports

Total MCM Eligible Long Term Care Population by Opt Out Status



N=12,018. Note: Excludes MCM Exempt population. Data source: MMIS as of 5/4/2015

Step 2: Moving Forward

- Phase I [Mandatory Enrollment]

Considerations: Examples

- Complexity of the population
- Some providers are not yet enrolled with an MCO
- Continuity of care
- Coordination of benefits
- MCO Education
- Individual/Family/Guardian Education and Outreach
 - Education and Outreach Work Group Comprised of DHHS staff, NH Family Voices, MCO staff

Step 2: Moving Forward

- Integration of knowledge, experience and stakeholder input regarding “Lessons Learned” in Step 1 Implementation
- Information, Education, Training and Readiness for DHHS staff, MCO’s, Providers, Individuals and Families
- MCO Training: some examples
 - Disability Competence, Person Centered Planning
 - DHHS Systems/Functions & State/Federal Regulations

Step 2: Moving Forward

March 2015 - May 2015

- **MCO's selected 10 current members**
 - 5 Individuals on CFI Waiver
 - 5 Nursing Facility residents
- Review of DHHS Systems
- Connected with CFI Case Management Agencies, Service Providers and Nursing Facilities
- Face to face visit with the 10 individuals at their place of residence
- Reviewed Plans of Care
- Reported back to DHHS

Expert Panel: May 2015

- **5 Experts:**
 - 2 Individuals receiving CFI Waiver services, including one elder and one young man
 - 1 Individual receiving ABD Waiver services
 - 2 Individuals receiving DD Waiver services
- Experts shared their experiences, talents, perspectives, service needs and recommendations

Step 2: Moving Forward

- Step 2 Contractual requirements re: continuity of care during transition, emphasis on Home and Community Based Care services, Care Coordination, Special Needs and Long Term Services and Supports [LTSS] Populations, Grievances and Appeals
- Step 2 Quality Strategy, including External Quality Review Organization [EQRO]
- Continued Stakeholder Engagement and Feedback regarding planning and implementation of Managed Long Term Services and Supports [MLTSS]

Step 2 Phase 1

Readiness Review

- Well Sense – onsite at Well Sense Manchester Office, May 27, 2015
- New Hampshire Healthy Families - onsite at NHHF Bedford Office, May 28, 2015
- Is the MCO ready to manage care for an increased number of individuals who require a high level of coordination and support?
- Readiness Review Standards will focus on current MCO operations that are affected by an increased number of complex members.
 - Network
 - Member Facing
 - Care Coordination
- Readiness Review Data Sources/Testing Methodologies
- Use Case Scenarios
- Operational Walkthrough with supporting documentation

Medicaid Care Management Regulatory Update

- 1915 (c) waiver amendment is in development and will be submitted to CMS for the Choices for Independence Waiver [CFI]. This waiver amendment, once approved, gives the state authority to bring the CFI waiver services into the managed care delivery system.
- 1915 (b) waiver is being readied for submission to the Centers for Medicare and Medicaid Services [CMS]. Once approved, this gives the state authority to mandate enrollment for virtually* all populations into the managed care delivery system for their medical care, including those currently considered “voluntary” enrollees.

*There are several very small groups of Medicaid recipients that are exempt from enrollment in the Care Management Program

1915c Waiver Amendment Update

- Waiver amendment is in progress
- Secured technical assistance through Centers for Medicare and Medicaid Services [CMS]
 - Ensure compliance with updated 1915c regulations
 - Ensure compliance with new CMS Performance Indicators
 - Public Hearings planned for June and July 2015
 - Third Round of Stakeholder Meetings to review final Design Considerations for CFI Waiver services in managed care planned for June and July 2015
 - Schedule will be posted on MCM Step 2 Website
 - Individual/Family/Guardian Education and Outreach
 - Education and Outreach Work Group Comprised of DHHS staff, NH Family Voices, MCO staff, NH Care Path
- Administrative Rule Revisions to He-E 801 to address changes needed for Federal Regulatory compliance with updated 1915c regulations
 - No changes in eligibility criteria, no changes in eligibility determination for CFI Waiver

1915(b) Waiver Application Update

- The Section 1915(b) waiver application has been prepared with the exception of one remaining appendix that requires actuarial analysis. That appendix is currently being finalized.
- DHHS has shared the 1915(b) draft waiver application with CMS to solicit feedback, answer questions or concerns.
- The draft waiver application seeks only to mandate enrollment into the managed care delivery system for those who can currently elect to remain in fee-for-service subject to 42 CFR 438.50(d)(1-3).
- No other design changes to the current Medicaid Care Management system are outlined or sought by the 1915(b) waiver application.

1915(b) Waiver Application Update

- The state has included its intention to seek this waiver authority with a target date of July, 2015, in all of the 25 public forums it has held since August of 2014.
- The state also conducted a public hearing on March 10, 2015, dedicated mostly to the underlying design of the bringing long-term services and supports in to a managed care delivery system. This hearing included again the information about the state's intention to obtain authority from CMS to mandate enrollment into the managed care delivery system for those who can currently elect to remain outside of it.